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Fill in this information to identify your case:	
United States Bankruptcy Court for the:	
Western District of North Carolina	
Case number (If known):	Chapter you are filing under:
	Chapter 7
	Chapter 11
	Chapter 12
	Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Р	art 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your f	ull name		
		e name that is on your	Michael	
		nent-issued picture	First name	First name
	vour dri	ation (for example, ver's license or	Justin	
	passpoi		Middle name	Middle name
	Daire		Scott	
	identific	our picture ation to your meeting trustee.	Last name	Last name
			Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.		er names you		
	years	sed in the last 8	First name	First name
	maiden	your married or names and any d, trade names and	Middle name	Middle name
		usiness as names.	Last name	Last name
	separat corpora	I list the name of any e legal entity such as a tion, partnership, or t is not filing this	Business name (if applicable)	Business name (if applicable)
3.	your S number Individ	ne last 4 digits of ocial Security er or federal lual Taxpayer ication number	xxx - xx - <u>3733</u>	xxx - xx -

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Case number (if known)

scott Document Debtor 1 Michael Justin Middle Name

Last Name

First Name

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): 4. Your Employer **Identification Number** EIN EIN (EIN), if any. If Debtor 2 lives at a different address: 5. Where you live 3008 Spinner Ct Number Street Number Street Denver NC 28037 City State ZIP Code City State ZIP Code LINCOLN-NC County County If Debtor 2's mailing address is different from If your mailing address is different from the one yours, fill it in here. Note that the court will send above, fill it in here. Note that the court will send any notices to you at this mailing address. any notices to this mailing address. Number Street Number Street P.O. Box P.O. Box City ZIP Code City ZIP Code State State 6. Why you are choosing Check one: Check one: this district to file for Over the last 180 days before filing this petition, Over the last 180 days before filing this petition, bankruptcy I have lived in this district longer than in any I have lived in this district longer than in any other district. other district. I have another reason. Explain. I have another reason. Explain. (See 28 U.S.C. § 1408.) (See 28 U.S.C. § 1408.)

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Debtor 1

Michael

Justin

scott Document

Page 3 of 59 Case number (if known)

First Name

Middle Name

Last Name

Part 2:

Tell the Court About Your Bankruptcy Case

7. The chapter of the **Bankruptcy Code you** are choosing to file under

Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7

Chapter 11

Chapter 12

Chapter 13

8. How you will pay the fee

I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No.

Yes. District

When

MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No.

Yes. Debtor

Relationship to you

Case Number, if known

MM / DD / YYYY

11. Do you rent your residence?

No. Go to line 12

Yes. Has your landlord obtained an eviction judgment against you?

No. Go to line 12

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

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Debtor 1

Michael

Justin

scott Document

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First Name

Middle Name

Last Name

Part 3:

Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

> A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or H.C.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

No. Go to Part 4.

City

Yes. Name and location of business

Name of b	usiness, if any			
Number	Street			

ZIP Code

State

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))

Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))

Stockbroker (as defined in 11 U.S.C. § 101(53A))

Commodity Broker (as defined in 11 U.S.C. § 101(6))

None of the above

13. Are you filing under Chapter 11 of the **Bankruptcy Code and** are you a small business debtor?

> For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- No. I am not filing under Chapter 11.
- No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
- Yes, I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.
- Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Part 4:

Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes. What is the hazard?

> If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City State ZIP Code Case 25-40054 Doc 1 Filed 03/10/25 Entered 03/10/25 14:25:37 Desc Main Page 5 of 59

scott Document Debtor 1 Michael Justin First Name Middle Name Last Name

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes meincapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

> to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

Case number (if known)

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes meincapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 25-40054 Doc 1 Filed 03/10/25 Entered 03/10/25 14:25:37 Desc Main ael Justin Scott Document Page 6 of 59 Case number (if known)

Debtor 1 Michael

First Name Middle Name

Last Name

16.	What kind of debts do you have?	16a.	as "incurred by an individual p No. Go to line 16b.	nsumer debts? Consumer debts are rimarily for a personal, family, or hous	
		16h	Yes. Go to line 17	siness debts? Business debts are de	able that you incurred to obtain
		100.		tment or through the operation of the	
			No. Go to line 16c.		
			Yes. Go to line 17		
		16c.	State the type of debts you ow	re that are not consumer debts or bus	iness debts.
17.	Are you filing under	1	No. I am not filing under Chapte	er 7. Go to line 18	
	Chapter 7?			 Do you estimate that after any exem 	ent property is excluded and
	Do you estimate that after any exempt property is			re paid that funds will be available to o	
	excluded and		No		
	administrative expenses are paid that funds will be available for distribution		Yes		
	to unsecured creditors?				
18.	How many creditors do		1-49	1,000-5,000	25,001-50,000
	you estimate that you		50-99	5,001-10,000	50,001-100,000
	owe?		100-199	10,001-25,000	More than 100,000
			200-999		
19.	How much do you		\$0-\$50,000	\$1,000,001-\$10 million	\$500,000,001-\$1 billion
	estimate your assets to		\$50,001-\$100,000	\$10,000,001-\$50 million	\$1,000,000,001-\$10 billion
	be worth?		\$100,001-\$500,000	\$50,000,001-\$100 million	\$10,000,000,001-\$50 billion
			\$500,001-\$1 million	\$100,000,001-\$500 million	More than \$50 billion
20.	How much do you		\$0-\$50,000	\$1,000,001-\$10 million	\$500,000,001-\$1 billion
	estimate your liabilities		\$50,001-\$100,000	\$10,000,001-\$50 million	\$1,000,000,001-\$10 billion
	to be?		\$100,001-\$500,000	\$50,000,001-\$100 million	\$10,000,000,001-\$50 billion
			\$500,001-\$1 million	\$100,000,001-\$500 million	More than \$50 billion
Pa	art 7: Sign Below	_			
Fo	or you	I hav	•	declare under penalty of perjury that the	he information provided is true and
		of title		er 7, I am aware that I may proceed, if lerstand the relief available under eac	eligible, under Chapter 7, 11,12, or 13 th chapter, and I choose to proceed
		this c	document, I have obtained and	read the notice required by 11 U.S.C.	
		I requ	uest relief in accordance with th	e chapter of title 11, United States Co	ode, specified in this petition.
		with a		fines up to \$250,000, or imprisonmen	money or property by fraud in connectior nt for up to 20 years, or both.
		X		Х	
			ignature of Debtor 1	Signature of	of Debtor 2
		E	xecuted on 03/06/2025	Executed o	on
			MM / DD / YYYY		MM / DD / YYYY

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Debtor 1 Michael

First Name Middle Name

Last Name

For your attorney, if you are represented by one If you are not represented by an attorney, you do not need to file this page.	I, the attorney for the debtor(s) named in this per to proceed under Chapter 7, 11, 12, or 13 of titl available under each chapter for which the persenthe notice required by 11 U.S.C. § 342(b) and, knowledge after an inquiry that the information	e 11, United States Code, and son is eligible. I also certify tha in a case in which § 707(b)(4)(I have explained the relief t I have delivered to the debtor(s) (D) applies, certify that I have no
	X	Date	
	Signature of Attorney for Debtor		MM / DD / YYYY
	Printed name		
	Firm name		
	Number Street		
	City	State	ZIP Code
	Contact phone	Email address	
	Bar number	State	

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Debtor 1 Michael

Justin

scott Document

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Case number (if known)

First Name

Middle Name

Last Name

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

No

Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

No

Yes. Name of Person

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

X		X	
Signature of	Debtor 1	Signature of Debtor 2	_
Date	03/06/2025 MM / DD / YYYY	Date MM / DD / YYYY	
Contact phor	ne <u>704-794-5035</u>	Contact phone	_
Cell phone	704-794-5035	Cell phone	
Email addres	ss jscott3201@gmail.com	Email address	

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			Document	rage 3 01 33
Fill in this inf	ormation to identify	y your case:		
Debtor 1	Michael	Justin	Scott	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)				
	First Name	Middle Name	Last Name	
United States I	Bankruptcy Court for the	Western District of	of North Carolina	
Case number (If known)				

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

No	
Yes. Name of person	. Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
er penalty of perjury, I declare that I lithey are true and correct.	have read the summary and schedules filed with this declaration and
	have read the summary and schedules filed with this declaration and

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			Dogarrione	i ago zo oi c
Fill in this inf	ormation to id	entify your case:		
Debtor 1	Michael	Justin	Scott	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)				
	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court	for the: Western Dist	rict of North Carolina	
Case number (If known)			_	

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

,	r original forms, you must fill out a new Summary and check the box at the top of this page.		
Pa	art 1: Summarize Your Assets		
		Your ass	ets what you own
1.	Schedule A/B: Property (Official Form 106A/B)		
	1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	26,305.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	26,305.00
Pa	art 2: Summarize Your Liabilities		
		Your liab Amount y	
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		
	2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	25,500.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		
	3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$	56,041.31
	Your total liabilities	\$	81,541.31
Pa	art 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I)		
	Copy your combined monthly income from line 12 of Schedule I	\$	0.00
5.	Schedule J: Your Expenses (Official Form 106J)		
	Copy your monthly expenses from line 22c of Schedule J	\$	1.739.96

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Debtor 1 Mic

Michael Justin

scott Document

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Case number (if known)

First Name Middle Name Last Name

Part 4:

Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$		

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on <i>Schedule E/F</i> , copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	4,268.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$	0.00
9g. Total. Add lines 9a through 9f.	\$	4,268.00

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Fill in this information to identify your case:					
Debtor 1	Michael	Justin	Scott		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)					
, , , , , , , , , , , , , , , , , , ,	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the: Western District of North Carolina					
Case number ((f known)					

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

write your name and case number (if known). Ans	•		
Part 1: Describe Each Residence, Buildi	ing, Land, or Other Real Estate You Own or H	lave an Interest In	
1. Do you own or have any legal or equitable int	erest in any residence, building, land, or similar pro	perty?	
No. Go to Part 2.			
Yes. Where is the property?			
Street address, if available, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building	the amount of any secure	laims or exemptions. Put ed claims on <i>Schedule D:</i> ims Secured by Property.
	Condominium or cooperative Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
	Land	\$	\$
City State ZIP Code County	Investment property Timeshare Other	Describe the nature interest (such as fee	e simple, tenancy by
County	Who has an interest in the property? Check one.	the entireties, or a li	fe estate), if known.
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number:	(see instructions)	community property
	or all of your entries from Part 1, including any entri er here		0.00
Part 2: Describe Your Vehicles			
you own that someone else drives. If you lease a vel	erest in any vehicles, whether they are registered on hicle, also report it on Schedule G: Executory Contracts		
 Cars, vans, trucks, tractors, sport utility vehice No Yes 	cles, motorcycles		

3.1 **BMW** Make: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Debtor 1 only the amount of any secured claims on Schedule D: Model M240i Creditors Who Have Claims Secured by Property. Debtor 2 only Year: 2021 Current value of the Current value of the Debtor 1 and Debtor 2 only Approximate mileage: 59300 portion you own? entire property? At least one of the debtors and another Other information: Value derived from KBB 28,000.00 \$ 25,500.00 Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No Yes Make: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only Other information: entire property? portion you own? At least one of the debtors and another Check if this is community property (see instructions) 5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here. 25,500.00

Case 25-40054

Justin

Middle Name

Debtor 1

Michael First Name Doc 1

Last Name

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Debtor 1 Michael Justin Scott C
First Name Middle Name Last Name

Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware No Yes. Describe. 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No Yes. Describe. Laptop and electronic watch 600.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe. 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No \$ Yes. Describe. 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment Nο Yes. Describe. 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe. Everyday clothes and shoes 150.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, No Yes. Describe.

13. Non-farm animals		
Examples: Dogs, cats, bird	ls, horses	
No		
Yes. Describe		\$
	household items you did not already list, including any health aids you did not list	
No		•
Yes. Give specific information		\$
	l of your entries from Part 3, including any entries for pages you have attached ber here→	\$750.00

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First Name Middle Name Last Name

Part 4: Describe Your Financial Assets

Do you own or have any lega	al or equitable interest in any	y of the following?	portion yo	ct secured claims
16. Cash				
Examples: Money you have	e in your wallet, in your home,	in a safe deposit box, and on hand when you file your pet	iition	
No				
Yes		Cash:	\$	50.00
17. Deposits of money				
		s; certificates of deposit; shares in credit unions, brokerag iple accounts with the same institution, list each.	e houses,	
No				
Yes		Institution name:		
1	17.1 Checking account:	Bank of America	\$	5.00
18. Bonds, mutual funds, or p	nublicly traded stocks			
, , ,	•	age firms, money market accounts		
No		, , , , , , , , , , , , , , , , , , ,		
Yes	nstitution or issuer name:			
			\$	
-				
19. Non-publicly traded stock an LLC, partnership, and		ed and unincorporated businesses, including an inter	est in	
No				
Yes. Give specific information about				
	Name of entity:	% of owner	rship:	
_			0 % \$	

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. *Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

Yes. Give specific information about them

mem issuer name.

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each

account separately. Type of account: Ins

Institution name:

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Debtor 1 Michael First Name Middle Name Last Name

22. Security deposits and prepayments	
Your share of all unused deposits you have made so that you may continue service or use from a company <i>Examples</i> : Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others	
No	
Yes	
22 Appuilties (A contract for a pariedia naument of manay to you gither for life or for a number of years)	
23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)	
No Yes	
Yes Issuer name and description:	Ф
24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition p 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).	program.
No	
Yes Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):	
25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit	
No	
Yes. Give specific information about them	\$
26. Patents, copyrights, trademarks, trade secrets, and other intellectual property	
Examples: Internet domain names, websites, proceeds from royalties and licensing agreements	
No	
Yes. Give specific information about them	\$
 Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses 	2000
	1565
No Yes. Give specific	\$
information about them	
Money or property owed to you?	Current value of the portion you own? Do not deduct secured claims or exemptions.
28. Tax refunds owed to you	
No	
Yes. Give specific information Federal:	\$
about them, including whether you already filed the returns State:	\$
and the tax years	\$

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29.	Family support		
	Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce set	tlement, property settle	ment
	No		
	Yes. Give specific information	Alimony:	\$
		Maintenance:	\$
		Support	\$
		Divorce Settlement:	\$
		Property Settlement:	\$
30.	Other amounts someone owes you		
	Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay,	workers' compensation	,
	Social Security benefits; unpaid loans you made to someone else	·	
	No		
	Yes. Give specific information		\$
31.	Interests in insurance policies		
	Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or	or renter's insurance	
	No		
	Yes. Name the insurance company		
	of each policy and list its value Company name: Beneficiary	/ :	
			\$
32.	Any interest in property that is due you from someone who has died		
	If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are current	ly entitled to receive	
	property because someone has died.		
	No		
	Yes. Give specific information		\$
33.	Claims against third parties, whether or not you have filed a lawsuit or made a demand for pa	yment	
	Examples: Accidents, employment disputes, insurance claims, or rights to sue		
	No		
	Yes. Give specific information		\$
34.	Other contingent and unliquidated claims of every nature, including counterclaims of the debto set off claims	tor and rights	
	No		
	Yes. Give specific information		\$
35.	Any financial assets you did not already list		
	No		
	Yes. Give specific information		\$
36.	Add the dollar value of all of your entries from Part 4, including any entries for pages you have for Part 4. Write that number here	ve attached	\$ 55.00
	TOTALLY, THE CHALLIANDOL HOLD		

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Debtor 1	Michael	Justin	Scott	Document	Page 19 of 59	Case number (if known)	
	First Name	Middle Name	Last Na			_	

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List	any real estate in Part 1.
37. Do you own or have any legal or equitable interest in any business-related property?	
No. Go to Part 6.	
Yes. Go to line 38.	
	Current value of the portion you own? Do not deduct secured claims or exemptions.
38. Accounts receivable or commissions you already earned	
No Yes. Describe	\$
res. Deserbe	
39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electrons.	onic devices
No Yes. Describe	\$
, del 2003/120	
40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade No	
Yes. Describe	\$
41. Inventory No	
Yes. Describe	\$
42 Interests in partnerships or joint ventures	
No	
Yes. Describe Name of entity: % of owner	ship:
0 9	· 6 \$
43. Customer lists, mailing lists, or other compilations No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?	
No	
Yes. Describe	\$
44. Any business-related property you did not already list No Yes. Give specific	
information	
	\$
45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here	🗲 \$ 0.00

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Middle Name Last Name First Name

Pa	art 6:	Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest If you own or have an interest in farmland, list it in Part 1.	ln.
46.	-	own or have any legal or equitable interest in any farm- or commercial fishing-related property? . Go to Part 7.	
		s. Go to line 47.	
			Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm a	nimals	
	Examp	les: Livestock, poultry, farm-raised fish	
	No		
	Ye	S	\$
48.	Crops-	either growing or harvested	
	No		
		s. Give specific formation	\$
49.	Farm a	nd fishing equipment, implements, machinery, fixtures, and tools of trade	
	No		_
	Ye	S	\$
50.	Farm a	nd fishing supplies, chemicals, and feed	
	No		\$
	Ye	S	
51.	Any fa	rm- and commercial fishing-related property you did not already list	
	No		
		s. Give specific ormation	\$
52.		e dollar value of all of your entries from Part 6, including any entries for pages you have attached t 6. Write that number here	\$

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Last Name

Middle Name

First Name

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No Yes. Give specific information 54. Add the dollar value of all of your entries from Part 7. Write that number here 0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 0.00 56. Part 2: Total vehicles, line 5 25,500.00 57. Part 3: Total personal and household items, line 15 \$ 750.00 58. Part 4: Total financial assets, line 36 55.00 59. Part 5: Total business-related property, line 45 0.00 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 0.00 62. Total personal property. Add lines 56 through 61. 26,305.00 Copy personal property total -26,305.00 63. Total of all property on Schedule A/B. Add line 55 + line 62. 26,305.00 Case 25-40054 Doc 1 Filed 03/10/25 Entered 03/10/25 14:25:37 Desc Mai

			Doddilloll	I age ZZ or v			
Fill in this information to identify your case:							
Debtor 1	Michael	Justin	Scott				
	First Name	Middle Name	Last Name				
Debtor 2 (Spouse, if filing)							
	First Name	Middle Name	Last Name				
United States E	Bankruptcy Court for	the: Western Distr	rict of North Carolina				
Case number (If known)							

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

	rate i. Identify the Property Tod Glaim as Exempt							
1.	You are cl	exemptions are you claiming? aiming state and federal nonbar aiming federal exemptions. 11 L	kruptcy exemptions.	n if your spouse is filing with you.				
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.							
		on of the property and line on nat lists this property	Current value of the portion you own?	Amount of the exemption you claim	Specific laws that allow exemption			
			Copy the value from Schedule A/B	Check only one box for each exemption.				
	Brief description: Line from Schedule A/B:	Laptop and electronic watch 7	\$ 600.0	0 \$ 100% of fair market value, up to any applicable statutory limit				
	Brief description: Line from Schedule A/B:	Everyday clothes and shoes 11	\$ 150.0	0 \$ 100% of fair market value, up to any applicable statutory limit				
	Brief description: Line from Schedule A/B:	Cash on Hand	\$50.0	0 \$ 100% of fair market value, up to any applicable statutory limit				
	Brief description: Line from Schedule A/B:	Checking Account Bank of America	\$5.0	0 \$ 100% of fair market value, up to any applicable statutory limit				

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First Name Middle Name Last Name

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

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			Document	T age 27 of				
Fill in this information to identify your case:								
Debtor 1	Michael	Justin	Scott					
	First Name	Middle Name	Last Name					
Debtor 2 (Spouse, if filing)								
	First Name	Middle Name	Last Name					
United States E	Bankruptcy Court for the	: Western District of	f North Carolina					
Case number (If known)								

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below.

Part	1: List All Secured Claims					
for	each claim. If more than one creditor has a	e than one secured claim, list the creditor separately a particular claim, list the other creditors in Part 2. etical order according to the creditor's name.	Amo Do r	umn A ount of claim not deduct the le of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	Capital One Auto Finance	Describe the property that secures the claim:	\$_	25,500.00	\$	\$_15,000.00
	Number Street	2021 BMW M235i -				
		As of the date you file, the claim is: Check all that apply. Contingent				
	City State ZIP Code	- Unliquidated Disputed				
	Who owes the debt? Check one. Debtor 1 only	Nature of lien. Check all that apply.				
	Debtor 2 only	An agreement you made (such as mortgage or secured car loan)				
	Debtor 1 and Debtor 2 only At least one of the debtors and another	Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit				
	Check if this claim is for a community debt	Other (including a right to offset)				
	Date debt was incurred 05/08/2022	Last 4 digits of account number 4608				
		Column A dollar value totals from all pages.	\$	25,500.00		

Part 2:	List Others to Be Notified for a Debt Th	at You Already Lis	sted
agency is	trying to collect from you for a debt you owe to so	meone else, list the cu u listed in Part 1, list t	ebt that you already listed in Part 1. For example, if a collection reditor in Part 1, and then list the collection agency here. Similarly, if the additional creditors here. If you do not have additional persons to
Nar	me		On which line in Part 1 did you enter the creditor? Last 4 digits of account number
Nur ————————————————————————————————————	mber Street	ZIP Code	

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Fill in this inf	ormation to identify	your case:	
Debtor 1	Michael	Justin	Scott
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the	: Western District o	f North Carolina
Case number (If known)			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/1

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property.* If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Par	t 1: List All of Your PRIORITY Unsec	ured Claims			
1. Do	o any creditors have priority unsecured clain No. Go to Part 2. Yes.	ns against you?			
ea no ur	ach claim listed, identify what type of claim it is. onpriority amounts. As much as possible, list the nsecured claims, fill out the Continuation Page of	creditor has more than one priority unsecured claim, list If a claim has both priority and nonpriority amounts, list claims in alphabetical order according to the creditor's of Part 1. If more than one creditor holds a particular cla instructions for this form in the instruction booklet.)	that claim here name. If you h	and show both ave more than t	priority and two priority
			Total claim	Priority amount	Nonpriority amount
2.1	Internal Revenue Service Priority Creditor's Name	Last 4 digits of account number When was the debt incurred?	\$	\$ 16,000.00	\$
	Number Street	As of the date you file, the claim is: Check all that apply Contingent			
	City State ZIP Code Who incurred the debt? Check one.	Unliquidated Disputed Type of PRIORITY unsecured claim:			
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated			
	Check if this claim is for a community debt	Other. Specify			
	Is the claim subject to offset? No Yes				

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Debtor 1 Michael

First Name Middle Name Last Name

Part	t 2: List ALL of Your N	NONPRIORITY	/ Unsecured C	Claims	
3. Do	any creditors have nonprio	ority unsecured	l claims against	you?	
	No. You have nothing to rep	ort in this part. S	Submit this form t	o the court with your other schedules.	
	Yes				
no inc	npriority unsecured claim, list	the creditor sep one creditor hold	arately for each	ical order of the creditor who holds each claim. If a creditor has r claim. For each claim listed, identify what type of claim it is. Do not list, im, list the other creditors in Part 3.If you have more than three nonp	st claims already
					Total claim
4.3	Capital One			Last 4 digits of account number	\$ 672.00
	Nonpriority Creditor's Name			When was the debt incurred 2 05/07/2024	
	PO BOX 31293 Number Street			When was the debt incurred? 05/07/2024	
	Number Street				
	SALT LAKE CITY	UT	84131	As of the date you file, the claim is: Check all that apply	
	City	State	ZIP Code		
	Who incurred the debt? Check	k one.		Contingent Unliquidated	
	Debtor 1 only			Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			••	
	At least one of the debtors	and another		Student loans Obligations arising out of a separation agreement or divorce	
	Check if this claim is for	r a community d	lebt	that you did not report as priority claims	
	Is the claim subject to offset?	•		Debts to pension or profit-sharing plans, and other similar debts	
	No			Other. Specify	
	Yes				
	1				
4.10	CREDIT COLLECTION SER	RVICES		Last 4 digits of account number	\$ 692.00
	Nonpriority Creditor's Name			When was the debt incurred? 09/06/2024	
	PO BOX 607 Number Street				
	Tulingo. Culou				
	NORWOOD	MA	02062	As of the date you file the claim is: Check all that apply	
	City	State	ZIP Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check	k one.		Contingent	
	Debtor 1 only			Unliquidated Disputed	
	Debtor 2 only			·	
	Debtor 1 and Debtor 2 only	,		Type of NONPRIORITY unsecured claim:	
	At least one of the debtors	and another		Student loans	
	Check if this claim is for	r a community d	lebt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?	•		Debts to pension or profit-sharing plans, and other similar debts	
	No			Other. Specify	
	Yes				
4.1	DEPTEDNELNET			Last 4 digits of account number	\$ 803.00
	Nonpriority Creditor's Name			Last 4 digits of account number	\$ 003.00
				When was the debt incurred? 02/15/2012	
	Number Street			<u> </u>	
				As of the date you file, the claim is: Check all that apply	
	City	State	ZIP Code	<u> </u>	

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page **Total claim** After listing any entries on this page, number them beginning with 4.., followed by 4.5, and so forth. Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed

	5.1. 5.1			•		
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only					
	At least one of the debtors and a			Student loans Obligations arising out of a separation agreement or divorce		
	Check if this claim is for a co	ommunity d	ebt	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?			Other. Specify		
	No			• •		
	Yes					
2	DEPTEDNELNET			Last 4 digits of account number	\$	3,465.0
	Nonpriority Creditor's Name					
	PO BOX 82561			When was the debt incurred? 02/15/2012		
				<u></u>		
	LINCOLN City	NE State	68501 ZIP Code	As of the date you file, the claim is: Check all that apply		
	,		ZIF Code	Contingent		
	Who incurred the debt? Check one	•		Unliquidated		
	Debtor 1 only			Disputed		
	Debtor 2 only			Type of NONDDIODITY uncogured claims		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and a	nother		Student loans		
	Check if this claim is for a co	ommunity d	ebt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts Other. Specify		
	No					
15	No				\$	683.0
15	No Yes			Other. Specify	\$_	683.0
15	No Yes FIRSTPOINT COLL RESO			Other. Specify	\$_	683.0
15	No Yes FIRSTPOINT COLL RESO Nonpriority Creditor's Name			Other. Specify Last 4 digits of account number	\$_	683.0
15	No Yes FIRSTPOINT COLL RESO Nonpriority Creditor's Name 225 COMMERCE PLACE	NC	27401	Other. Specify Last 4 digits of account number	\$_	683.0
15	No Yes FIRSTPOINT COLL RESO Nonpriority Creditor's Name 225 COMMERCE PLACE Number Street	NC State	27401 ZIP Code	Other. Specify Last 4 digits of account number When was the debt incurred? 02/19/2025 As of the date you file, the claim is: Check all that apply	\$_	683.0
15	No Yes FIRSTPOINT COLL RESO Nonpriority Creditor's Name 225 COMMERCE PLACE Number Street GREENSBORO	State		Other. Specify Last 4 digits of account number When was the debt incurred? 02/19/2025 As of the date you file, the claim is: Check all that apply Contingent	\$_	683.C
15	No Yes FIRSTPOINT COLL RESO Nonpriority Creditor's Name 225 COMMERCE PLACE Number Street GREENSBORO City Who incurred the debt? Check one	State		Other. Specify Last 4 digits of account number When was the debt incurred? 02/19/2025 As of the date you file, the claim is: Check all that apply Contingent Unliquidated	\$_	683.C
15	No Yes FIRSTPOINT COLL RESO Nonpriority Creditor's Name 225 COMMERCE PLACE Number Street GREENSBORO City	State		Other. Specify Last 4 digits of account number When was the debt incurred? 02/19/2025 As of the date you file, the claim is: Check all that apply Contingent	\$_	683.C
15	No Yes FIRSTPOINT COLL RESO Nonpriority Creditor's Name 225 COMMERCE PLACE Number Street GREENSBORO City Who incurred the debt? Check one Debtor 1 only Debtor 2 only	State		Other. Specify Last 4 digits of account number When was the debt incurred? 02/19/2025 As of the date you file, the claim is: Check all that apply Contingent Unliquidated	\$_	683.C
15	No Yes FIRSTPOINT COLL RESO Nonpriority Creditor's Name 225 COMMERCE PLACE Number Street GREENSBORO City Who incurred the debt? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	State .		Other. Specify Last 4 digits of account number When was the debt incurred? 02/19/2025 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed	\$_	683.C
115	No Yes FIRSTPOINT COLL RESO Nonpriority Creditor's Name 225 COMMERCE PLACE Number Street GREENSBORO City Who incurred the debt? Check one Debtor 1 only Debtor 2 only	State another	ZIP Code	Other. Specify Last 4 digits of account number When was the debt incurred? 02/19/2025 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:	\$_	683.0
15	FIRSTPOINT COLL RESO Nonpriority Creditor's Name 225 COMMERCE PLACE Number Street GREENSBORO City Who incurred the debt? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and a	State another	ZIP Code	Other. Specify Last 4 digits of account number When was the debt incurred? 02/19/2025 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce	\$_	683.C
15	FIRSTPOINT COLL RESO Nonpriority Creditor's Name 225 COMMERCE PLACE Number Street GREENSBORO City Who incurred the debt? Check one Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and a Check if this claim is for a coll Is the claim subject to offset?	State another	ZIP Code	Other. Specify Last 4 digits of account number When was the debt incurred? 02/19/2025 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims	\$_	683.0
15	FIRSTPOINT COLL RESO Nonpriority Creditor's Name 225 COMMERCE PLACE Number Street GREENSBORO City Who incurred the debt? Check one Debtor 1 only Debtor 2 only Debtor 2 and Debtor 2 only At least one of the debtors and a Check if this claim is for a coll Is the claim subject to offset? No	State another	ZIP Code	Other. Specify Last 4 digits of account number When was the debt incurred? 02/19/2025 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	\$_	683.C
15	FIRSTPOINT COLL RESO Nonpriority Creditor's Name 225 COMMERCE PLACE Number Street GREENSBORO City Who incurred the debt? Check one Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and a Check if this claim is for a coll Is the claim subject to offset?	State another	ZIP Code	Other. Specify Last 4 digits of account number When was the debt incurred? 02/19/2025 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	\$_	683.C
	FIRSTPOINT COLL RESO Nonpriority Creditor's Name 225 COMMERCE PLACE Number Street GREENSBORO City Who incurred the debt? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and a Check if this claim is for a coll Is the claim subject to offset? No Yes GENESIS CREDIT MANAGEME	State unother ommunity d	ZIP Code	Other. Specify Last 4 digits of account number When was the debt incurred? 02/19/2025 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	\$ _	7,683.0
7	No Yes FIRSTPOINT COLL RESO Nonpriority Creditor's Name 225 COMMERCE PLACE Number Street GREENSBORO City Who incurred the debt? Check one Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and a Check if this claim is for a coll Is the claim subject to offset? No Yes	State unother ommunity d	ZIP Code	Other. Specify Last 4 digits of account number When was the debt incurred? 02/19/2025 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify		

First Name

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Debtor 1 Michael Justin Scott Document Page 29 of 59 Case number (if known)

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page **Total claim** After listing any entries on this page, number them beginning with 4.., followed by 4.5, and so forth. When was the debt incurred? 08/30/2024 PO BOX 3630 Number Street **EVERETT** WA 98213 As of the date you file, the claim is: Check all that apply State ZIP Code Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify No Yes 4.8 Last 4 digits of account number I C SYSTEM 2,194.00 Nonpriority Creditor's Name When was the debt incurred? 07/17/2024 PO BOX 64378 Number Street SAINT PAUL MN 55164 As of the date you file, the claim is: Check all that apply City State ZIP Code Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify Nο Yes 4.9 I C SYSTEM Last 4 digits of account number 292.00 Nonpriority Creditor's Name When was the debt incurred? 06/12/2023 PO BOX 64378 Number Street SAINT PAUL MN 55164 As of the date you file, the claim is: Check all that apply ZIP Code Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify No

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Debtor 1 Michael

Middle Name Last Name First Name

After	listing any entries on this page, I	number th	em beginning v	vith 4, followed by 4.5, and so forth.	Tot	tal claim
	Yes					
11	LVNV FUNDING LLC			Last 4 digits of account number	\$_	828.0
	Nonpriority Creditor's Name			When was the debt incurred? 05/30/2024		
	Number Street			<u> </u>		
	GREENVILLE	SC	29602	As of the date you file, the claim is: Check all that apply		
	City	State	ZIP Code	<u> </u>		
	Who incurred the debt? Check one.			Contingent Unliquidated		
	Debtor 1 only			Disputed		
	Debtor 2 only					
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and an	other		Student loans		
	Check if this claim is for a co	mmunity d	ebt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts Other. Specify		
	No					
	Yes					
12	LVNV FUNDING LLC			Last 4 digits of account number	\$_	778.0
	Nonpriority Creditor's Name			When was the debt incurred? 06/28/2024		
	Number Street					
	GREENVILLE	SC	29602	As of the date you file, the claim is: Check all that apply		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check one.			Unliquidated		
	Debtor 1 only			Disputed		
	Debtor 2 only			'		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and an			Student loans Obligations arising out of a separation agreement or divorce		
	Check if this claim is for a cor	nmunity a	ept	that you did not report as priority claims		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts		
	No			Other. Specify		
	Yes					
4	Merrick Bank			Last 4 digits of account number	\$	1,321.0
	Nonpriority Creditor's Name	<u></u>		When we the debt?		
	PO BOX 9201			When was the debt incurred? 12/11/2023		
	Number Street					
	OLD BETHPAGE	NY	11804	As of the date you file, the claim is: Check all that apply		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check one.			Unliquidated		
	Debtor 1 only			Disputed		
	Debtor 2 only					
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and an	other		Student loans		

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Last Name

er	listing any entries on this page	, number th	nem beginning v	with 4, followed by 4.5, and so forth.	Total claim
	Check if this claim is for a collist the claim subject to offset? No Yes	ommunity d	lebt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
3	NATIONAL CREDIT SYSTEMS Nonpriority Creditor's Name	i		Last 4 digits of account number	\$ 11,525.0
	3750 NATURALLY FRESH BL\ Number Street	/D		When was the debt incurred? 01/03/2023	
	Atlanta	GA	30349	As of the date you file, the claim is: Check all that apply	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one	€.		Unliquidated	
	Debtor 1 only			Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			Student loans	
	At least one of the debtors and Check if this claim is for a c		lebt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
	No Yes				
1	TRANSWORLD SYSTEMS INC	;		Last 4 digits of account number 6396	\$ 21,038.
	Nonpriority Creditor's Name 500 VIRGINIA DR SUITE 514 Number Street			When was the debt incurred? 10/01/2022	
	ET WASHINGTON	DA	10024	<u> </u>	
	FT. WASHINGTON City	PA State	ZIP Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one			Contingent	
		·		Unliquidated	
	Debtor 1 only Debtor 2 only			Disputed	
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and	another		Student loans	
	Check if this claim is for a c		lebt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts	
	No			Other. Specify	
	Yes				
	US BANK			Last 4 digits of account number	\$1,937.
	Nonpriority Creditor's Name			When was the debt incurred? 01/29/2025	
	Number Street				
					
	SAINT LOUIS City	MO State	63166 ZIP Code	As of the date you file, the claim is: Check all that apply	

First Name

Middle Name

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Debtor 1 Michael

First Name Middle Name Last Name

uidated ted ONPRIORITY unsecured claim: Int loans Intions arising out of a separation agreement or divorce ou did not report as priority claims Ito pension or profit-sharing plans, and other similar debts Specify Intition of account number Intition o	\$ 2,130.0
to pension or profit-sharing plans, and other similar debts Specify gits of account number	\$ 2,130.0
	\$2,130.0
s the dept incurred?	
date you file, the claim is: Check all that apply	
ngent uidated	
ted	
ONPRIORITY unsecured claim:	
nt loans	
ou did not report as priority claims	
ude oliga at yo ebts	of NONPRIORITY unsecured claim: udent loans bligations arising out of a separation agreement or divorce at you did not report as priority claims bbts to pension or profit-sharing plans, and other similar debts ther. Specify

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First Name Middle Name Last Name

Part 3:	List Others to Be Notified About a Debt	t That You	u Already Listed	
examp 2, then	0 , , , ,	n you for a d have more	debt you owe to some than one creditor for	•
Name		On whic	ch entry in Part 1 or F	Part 2 did you list the original creditor?
		Line	of (Check one):	Part 1: Creditors with Priority Unsecured Claims
Number	Street	_		Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 d	ligits of account num	ber
City	State ZIP Code	_		

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Debtor 1 Michael

Justin

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Last Name

Middle Name First Name

Part 1.	Add the	Amounts	for	Fach	Type	of Unsecured	Claim
rait 4.	Add the	Amounts	IOI	Lacii	Type c	n onsecured	Claill

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim	
Total claims from Part 1	6a. Domestic support obligations	6a.	\$	0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c. Claims for death or personal injury while you w intoxicated	r ere 6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$	0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$	0.00
			Total claim	
Total claims from Part 2	6f. Student loans	6f.	Total claim	
	6f. Student loans 6g. Obligations arising out of a separation agreemed or divorce that you did not report as priority claims			4,268.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority	ent 6g.	\$\$	4,268.00
	 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and o 	ent 6g.	\$\$	4,268.00

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			Document	rage 33 0i
Fill in this inf	ormation to id	entify your case:		
Debtor 1	Michael	Justin	Scott	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)				
	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court	for the: Western Dist	rict of North Carolina	
Case number (If known)				

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have th	e contra	ct or lease	State what the contract or lease is for
Name			
Number Street			_
City	State	ZIP Code	-

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Fill in this information to identify your case:				
Debtor 1	Michael	Justin	Scott	
Dobtor 2	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)				
	First Name	Middle Name	Last Name	
United States I	Bankruptcy Court	for the: Western Distr	ict of North Carolina	
Case number (If known)			_	

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married

fill it		ne boxes on the left. Attach the		this page. On the top of any Additional Pages, write				
1.	Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)							
	No							
	Yes							
2.	Within the last 8 years, have yo Arizona, California, Idaho, Louisi			? (Community property states and territories include ington, and Wisconsin.)				
	No. Go to line 3.							
	Yes. Did your spouse, forme	r spouse, or legal equivalent live						
	No							
	Yes. In which communi	ty state or territory did you live?	California	. Fill in the name and current address of that person.				
	ALEJANDRA DE LA G	ARZA DE LOS SANTOS						
	Name of your spouse, for	mer spouse, or legal equivalent						
	Number Street							
	0''	CA	710.0	-				
_	City	State	ZIP Code					
3.	shown in line 2 again as a code	ebtor only if that person is a g), <i>Schedule E/F</i> (Official Form	uarantor or cosigner	if your spouse is filing with you. List the person . Make sure you have listed the creditor on <i>G</i> (Official Form 106G). Use <i>Schedule D</i> ,				
	Column 1: Your codebtor			Column 2: The creditor to whom you owe the debt				
				Check all schedules that apply:				
3.1	ALEJANDRA DE LA GARZA D	E LOS SANTOS		Schedule D, line 2.1				
	☐ Name			Schedule E/F, line				
	Number Street			· ——				
	Number Street			Schedule G, line				
		CA						
	City	State	ZIP Code	-				
	-							

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Fill in this in	formation to identi	fy your case:		
Debtor 1	Michael	Justin	Scott	
	First Name	Middle Name	Last Name	Check if this is:
Debtor 2 (Spouse, if filing)				An amended filing
	First Name	Middle Name	Last Name	A supplement showing postpetition chapter 13
United States I	Bankruptcy Court for th	ne: Western Distr	rict of North Carolina	income as of the following date:
Case number (If known)			<u> </u>	MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: **Describe Employment** 1. Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. If you have more than one job, attach a separate page with Employed **Employment Status Employed** information about additional Not employed Not employed employers. Include part-time, seasonal, or self-employed work. Occupation may Include student or homemaker, if it applies Occupation Employer's name **Employer's address** Number Street Number Street City State Zip Code City State Zip Code How long employed there?

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Scott Document Page 38 of 59 Debtor 1 Michael Justin Case number (if known) Middle Name Last Name First Name

Give Details About Monthly Income

Part 2:

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines

	belo	w. If you need more space, attach a separate sheet to this form.				s for that person on th
				For D	Debtor 1	For Debtor 2 or non-filing spouse
2.		monthly gross wages, salary, and commissions (before all payroll actions). If not paid monthly, calculate what the monthly wage would be.	2.	\$	0.00	\$
3.	Esti	mate and list monthly overtime pay.	3.	+ \$	0.00	+ \$
4.	Cald	culate gross income. Add line 2 + line 3.	4.	\$	0.00	\$
	Сор	y line 4 here	4.	\$	0.00	\$
5.	List	all payroll deductions:				
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$
	5e.	Insurance	5e.	\$	0.00	\$
	5f.	Domestic support obligations	5f.	\$	0.00	\$
	5g.	Union dues	5g.	\$	0.00	\$
	5h.	Other deductions. Specify:	5h.	+ \$	0.00	+\$
			5h.	+ \$		+ \$
6.	Add	the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.	\$	0.00	\$
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$
8.	List	all other income regularly received:				
	8a.	Net income from rental property and from operating business, profession, or farm				
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$
	8b.	Interest and dividends	8b.	\$	0.00	\$
	8c.	Family support payment that you, a non-filing spouse, or a dependent regularly receive				
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$

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Last Name

First Name

Middle Name

						For D	Debtor 1		For Debtor non-filing				
	8e.	Social Security	,	8e.		\$	0.00	_	\$				
	8f.	Other governm	nent assistance that you regularly receive										
		assistance that	sistance and the value (if known) of any non-cash you receive, such as food stamps (benefits under the lutrition Assistance Program) or housing subsidies.										
		Specify:		8f.	:	\$	0.00		\$				
				8f.	:	\$			\$				
	8g.	Pension or ret	rement income	8g.	:	\$	0.00		\$				
	8h.	Other monthly	income. Specify:	8h.	+ :	\$	0.00		+ \$				
				8h.	+ :	\$			+ \$				
9.	Add	all other incom	1e. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.		\$	0.00		\$				
10.			ncome. Add line 7 + line 9. e 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.		\$	0.00]+	\$		=	\$	0.00
11.	Stat	e all other regu	lar contributions to the expenses that you list in <i>Scl</i>	hedule .	J.								
		ude contributions ds or relatives.	from an unmarried partner, members of your household	d, your	dep	ende	nts, your i	oom	mates, and	other			
	Do r	not include any a	mounts already included in lines 2-10 or amounts that a	are not a	avai	lable	to pay exp	oens	es listed in	Schedul	le J		
	Spe	cify:							_	11.	+	\$	0.00
12.	Add	the amount in	the last column of line 10 to the amount in line 11.	The res	ult is	s the	combined	mor	nthly income	э.			
			the Summary of Your Assets and Liabilities and Certai						•	12.		\$	0.00
												Combined monthly in	
13.	Doy	you expect an ir	ncrease or decrease within the year after you file thi	s form	?								
		No.											
		Yes. Explain:	Regain employment										

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Fill in this inf	formation to iden	tify your case:				
Debtor 1	Michael	Justin	Scott		Check if this is:	
	First Name	Middle Name	Last Name	_	An amended filing	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		A supplement showincome as of the form	wing postpetition chapter 13
United States E		the: Western Distric				-
Case number (If known)			-		MM / DD / YYYY	
Official F	orm 106J					
Sched	dule J: Y	our Exp	enses			12/15
Po oc comple	oto and accurate	as possible. If two	married needle are filing	togother both	ara agually raspansible fo	or cumplying correct

Oi	miciai Form 106J						
S	chedule J: Your	Expenses					12/15
info	as complete and accurate as possib ormation. If more space is needed, at known). Answer every question.						
Pa	art 1: Describe Your Househ	nold					
1.	Is this a joint case?						
	No. Go to line 2.						
	Yes. Does Debtor 2 live in a sep	parate household?					
	No						
	Yes. Debtor 2 must file 0	Official Form 106J-2, Expenses for	Separate Household of Debtor	2.			
2.	Do you have dependents?	No	Dependent's relationship to Debtor 1 or Debtor 2	Depender age		Does depend with you?	dent live
	Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent				No Yes	
	Do not state the dependents' names.					No Yes	
						No Yes	
						No	
						Yes	
						No	
						Yes	
3.	Do your expenses include	No					
	expenses of people other than yourself and your dependents?	Yes					
Pá	ert 2: Estimate Your Ongoing	g Monthly Expenses					
exp	timate your expenses as of your ban penses as of a date after the bankrup plicable date.						
	lude expenses paid for with non-cas ch assistance and have included it o				Your ex	penses	
4.	The rental or home ownership expeany rent for the ground or lot.	enses for your residence. Include	first mortgage payments and	4.	\$		0.00
	If not included in line 4:						
	4a. Real estate taxes			4a.	\$		0.00
	4b. Property, homeowner's, or renter	's insurance		4b.	\$		0.00
i .							

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Debtor 1 Michael

First Name Middle Name Last Name

			Your exp	enses
	4c. Home maintenance, repair, and upkeep expenses	4c.	\$	0.00
	4d. Homeowner's association or condominium dues	4d.	\$	0.00
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6.	Utilities:			
	6a. Electricity, heat, natural gas	6a.	\$	0.00
	6b. Water, sewer, garbage collection	6b.	\$	0.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	160.00
	6d. Other Specify:	6d.	\$	0.00
7.	Food and housekeeping supplies	7.	\$	400.00
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	50.00
10.	Personal care products and services	10.	\$	30.00
11.	Medical and dental expenses	11.	\$	0.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	100.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14.	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	0.00
	15d. Other. Specify:	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	Specify:	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	999.96
	17b. Car payments for Vehicle 2	17b.	\$	
	17c. Other. Specify:	17c.	\$	
	17d. Other. Specify:	17d.	\$	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I</i> , Your Income (Official Form 106I).	18.	\$	0.00
19.	Other payments you make to support others who do not live with you.			

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Debtor 1 Michael Justin Scott Document Page 42 of 59 Case number (if known)

Last Name

First Name

Middle Name

Your expenses 19. 0.00 Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 0.00 20a. Mortgages on other property 20a. 0.00 20b. 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. 0.00 0.00 20d. Maintenance, repair, and upkeep expenses 20d. 0.00 20e. 20e. Homeowner's association or condominium dues 0.00 21. Other. Specify: +\$ 22. Calculate your monthly expenses. 22a. Add lines 4 through 21. 22a. 1,739.96 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22b. 22c. Add line 22a and 22b. The result is your monthly expenses. 22c 1,739.96 23. Calculate your monthly net income. 23a. 0.00 23a. Copy line 12 (your combined monthly income) from Schedule I. 1,739.96 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. 23c. 0.00 The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? Yes. Explain here: Housing expenses and utilities associated with said housing

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Fill in this inf	ormation to identify	your case:	
Debtor 1	Michael	Justin	Scott
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the	: Western District o	f North Carolina
Case number (If known)			

Check if this is an amended filing

Official Form 122A—1Supp

Statement of Exemption from Presumption of Abuse Under § 707(b)(2) 12/15

File this supplement together with Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

Part 1:

Identify the Kind of Debts You Have

- 1. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101).
 - No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, There is no presumption of abuse, and sign Part 3. Then submit this supplement with the signed Form 122A-1.
 - Yes. Go to Part 2.

Part 2:

Determine Whether Military Service Provisions Apply to You

- 2. Are you a disabled veteran (as defined in 38 U.S.C. § 3741(1))?
 - No. Go to line 3.
 - Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
 - No. Go to line 3.
 - Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.
- 3. Are you or have you been a Reservist or member of the National Guard?
 - No. Complete Form 122A-1. Do not submit this supplement.

Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).

No. Complete Form 122A-1. Do not submit this supplement.

Yes. Check any one of the following categories that applies:

I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.

I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on _____, which is fewer than 540 days before I file this bankruptcy case.

I am performing a homeland defense activity for at least 90 days.

I performed a homeland defense activity for at least 90 days, ending on _____, which is fewer than 540 days before I file this bankruptcy case.

If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, The Means Test does not apply now, and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The exclusion period means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later.

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				D O O GITTO I I	1 000
	Fill in this inf	ormation to identify	your case:		
	Debtor 1	Michael	Justin	Scott	
I		First Name	Middle Name	Last Name	
I	Debtor 2 (Spouse, if filing)				
I		First Name	Middle Name	Last Name	
	United States E	Bankruptcy Court for the	: Western District o	f North Carolina	
	Case number (If known)				

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	art 1: Give Details	s About	: Your Marita	al Status a	nd Where Yo	ou Lived Before		
1.	What is your current Married Not married	marital s	status?					
2.	During the last 3 year No Yes. List all of the				·	ou live now? where you live now.		
	Debtor 1:				s Debtor 1 there	Debtor 2:		Dates Debtor 2 lived there
	222 West Blvd Number Street 126 Charlotte City	NC State	28203 ZIP Code	From To	10/01/2022	Same as Debtor 1 Number Street City	State ZIP Code	Same as Debtor 1 From To
	1115 S Mint St Number Street Charlotte City	NC State	28203 ZIP Code	From To	11/01/2023 03/01/2024	Same as Debtor 1 Number Street City	State ZIP Code	Same as Debtor 1 From To
3.		clude Ar	izona, Californi	a, Idaho, Lou	uisiana, Nevada	a, New Mexico, Puerto F	property state or territ Rico, Texas, Washingtor	ory? (Community property n, and Wisconsin.)

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Debtor 1 Michael Justin

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Case number (if known)

First Name Middle Name

Last Name

Part 2:

Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

	Debtor 1:		Debtor 2:	
	Source of Income Check all that apply.	Gross income (before deductions and exclusions)	Source of Income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tips Operating Business	\$	Wages, commissions, bonuses, tips Operating Business	\$
For last calendar year: (January 1 to December 31, 2024 YYYY	Wages, commissions, bonuses, tips Operating Business	\$56,132.00	Wages, commissions, bonuses, tips Operating Business	\$
For last calendar year before that: (January 1 to December 31, 2023 YYYY	Wages, commissions, bonuses, tips Operating Business	\$66,094.00	Wages, commissions, bonuses, tips Operating Business	\$

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

	Debtor 1:		Debtor 2:		
	Source of Income Describe below.	Gross income from each source (before deductions and exclusions)	Source of Income Describe below.	Gross income from each source (before deductions and exclusions)	
From January 1 of current year until		\$		\$	
the date you filed for bankruptcy:		\$		\$	
		\$		\$	
For last calendar year:	Unemployment	\$\$,400.00		\$	
(January 1 to December 31, 2024)		<u> </u>		\$	
YYYY		\$		\$	
For the calendar year before that:		\$		\$	
(January 1 to December 31, 2023)		\$		\$	
YYYY		\$		\$	

		se 25-40054		Filed 03/10/25	Entered 03/10		esc Main
	Michael	Justin			Page 46 of 59	Case number (if ki	nown)
	First Name	Middle Nam	e Last N	iame			
art 3:	List C	ertain Payments	You Made E	Before You Filed for	or Bankruptcy		
	5.1.	41 5 14 61					
			•	ily consumer debts			
			•	narily consumer deb personal, family, or ho		defined in 11 U.S.C. § 101	(8) as
	During	the 90 days before	you filed for ba	ankruptcy, did you pay	any creditor a total of \$7	7,575* or more?	
	N	lo. Go to line 7.					
	Υ	es. List below each	creditor to who	m you paid a total of	\$7,575* or more in one o	or more payments and the	
					ayments for domestic supnents to an attorney for the	pport obligations, such as his bankruptcy case.	
	* Sub	ect to adjustment or	n 4/01/25 and e	very 3 years after tha	t for cases filed on or afte	er the date of adjustment.	
,	Yes. Debto	or 1 or Debtor 2 or i	both have prim	narily consumer deb	ts.		
	During	g the 90 days before	you filed for ba	ankruptcy, did you pay	any creditor a total of \$6	600 or more?	
	N	lo. Go to line 7.					
	Y	es. List below each	creditor to who	m vou paid a total of	\$600 or more and the tot	tal amount you paid that	
		creditor. Do not	include payme	nts for domestic supp	ort obligations, such as casey for this bankruptcy case	child support and	
				Dates of payment	Total amount paid	Amount you still owe	Was this payment for
				payment			
	7	Creditor's Name			\$	\$	Mortgage
	`	realior 3 Name					Car Credit Card
	<u> </u>	Number Street					Loan Repayment
	,	tumbor Guroot					Suppliers or vendors
	-						Other
							G
	(City	State ZIP Co	ode			
						d anyone who was an ins ps of which you are a gene	
						neir voting securities; and a	
		one for a business y	you operate as	a sole proprietor. 11 l	J.S.C. § 101. Include pay	yments for domestic suppo	ort obligations,
Such	as crilio su	pport and allmony					
ļ	No.						
,	Yes. List all	payments to an insi	ider.				
				Dates of	Total amount	Amount you still owe	Reason for this paymen
				payment	paid	7	Trouble to the payment
					\$	\$	
					Ψ	Ψ	1
	Insider's Nar	ne					
	Insider's Nar	me					
	Insider's Nar						

City

State ZIP Code

i insider? clude payments on debts gi	uaranteed or co	signed by an	insider.			
No.						
Yes. List all payments that	at benefited an	nsider				
			Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
			_	\$	\$	
Insider's Name						
Number Street			_			
			_			
City	State	ZIP Code	_			

Page 48 of 59 scott Document Debtor 1 Michael Justin Case number (if known) First Name Middle Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Status of the case Nature of the case Court or agency CV - Summary Ejectment Mecklenburg District Court Pending Case title Golden Nugget Associates Owner LLC VS Michael Court Name On appeal Scott Concluded Number Street Case number 24CV004619-590 Charlotte NC State ZIP Code City 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property Date Value of the property Creditor's Name **Explain what happened** Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State ZIP Code Property was attached, seized, or levied. 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. Describe the action the creditor took Date action Amount was taken Creditor's Name Number Street Last 4 digits of account number: XXXX-City State ZIP Code

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Case 25-40054

Doc 1

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	Case 25: Michael First Name	-40054 Justin Middle Nam	Doc 1		Document	5 Entered 03/10/ Page 49 of 59	25 14:25:37 Desc	
-	in 4	£1 d £ l						
ed	litors, a court-appo	ointed receiv	ver, a cus	cy, was stodian,	, or another officia	al?	an assignee for the benefit	· Oī
	No Yes							
	100							
5:	List Certain	Gifts and	Contrib	utions				
itł	hin 2 years before	you filed fo	r bankruj	ptcy, di	d you give any gi	fts with a total value of me	ore than \$600 per person?	
	No							
•	Yes. Fill in the deta	Ì	-					
	Gifts with a total va per person	alue of more t	han \$600		Describe the gifts		Dates you gave the gifts	Value
	Person to Whom You	u Gave the Giff	t					\$
	Number Street							
	City	State	ZIP Code					
	Person's relationship							
i+l	hin 2 years before	you filed fo	r bankru	ptcy, di	d you give any gif	fts or contributions with a	a total value of more than \$	600 to any charity?
1	NI.		a:# ar aan	م د نام نام د				
	No	ila far aaah d		itributior	1.			
	Yes. Fill in the deta		-		December with at ware		Data	Value
		ons to charitie	-		Describe what you o	contributed	Date you contributed	Value
	Yes. Fill in the deta	ons to charitie	-		Describe what you	contributed	•	Value
	Yes. Fill in the deta Gifts or contributio that total more than	ons to charitie	-		Describe what you	contributed	•	
	Yes. Fill in the deta Gifts or contributio that total more than Charity's Name Number Street	ons to charitie n \$600	es		Describe what you	contributed	•	
	Yes. Fill in the deta Gifts or contributio that total more than Charity's Name	ons to charitie n \$600	-		Describe what you	contributed	•	
	Yes. Fill in the deta Gifts or contributio that total more than Charity's Name Number Street City	ons to charitien \$600	es		Describe what you	contributed	•	
6:	Yes. Fill in the deta Gifts or contributio that total more than Charity's Name Number Street City List Certain	State Losses	ZIP Code				•	\$
6: ith	Yes. Fill in the deta Gifts or contributio that total more than Charity's Name Number Street City List Certain	State Losses	ZIP Code				contributed	\$

Debtor 1 Michael

Doc 1 Filed 03/10/25 Entered 03/10/25 14:25:37 Scott Document Page 50 of 59 Debtor 1 Justin Case number (if known) Michael First Name Middle Name Last Name Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. \$ Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Description and value of any property transferred Date payment or Amount of payment transfer was made Person Who Was Paid Number Street City State ZIP Code Email or website address Person Who Made the Payment, if Not You 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. Description and value of any property transferred Date payment or Amount of payment transfer was made Person Who Was Paid Number Street City State ZIP Code

Case 25-40054

Desc Main

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Yes. Fill in the details. Description and value of property Date transfer Describe any property or payments transferred received or debts paid in exchange was made Person Who Received Transfer Number Street State ZIP Code Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. Description and value of the property transferred Date transfer was made Name of trust Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Last 4 digits of account number Type of account or Last balance before Date account was closed, sold, moved. closing or transfer instrument or transferred Checking XXXX-Name of Financial Institution Savings Money market Number Street **Brokerage** Other

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Case number (if known)

Case 25-40054

Justin

Middle Name

Debtor 1

Michael

First Name

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Last Name

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City	State ZIP Code	_			
	or did you have within 1 year r other valuables?	ar before you filed for bankrup	tcy, any safe d	eposit box or other depositor	y for
No					
Yes. Fill in the	details.				
		Who else had access to it?		Describe the contents	Do you s have it?
					No
Name of Financia	al Institution	Name			Ye
Number Stree	rt	Number Street		_	
City	State ZIP Code	City Sta	e ZIP Code		
ve you stored p	property in a storage unit or	City Sta		fore you filed for bankruptcy?	,
ve you stored p	property in a storage unit or		ithin 1 year bef	fore you filed for bankruptcy? Describe the contents	Do you s
ve you stored p	property in a storage unit or	place other than your home w	ithin 1 year bef		
ve you stored p	property in a storage unit or details.	place other than your home w	ithin 1 year bef		Do you s have it?
ve you stored p No Yes. Fill in the o	property in a storage unit or details.	place other than your home w	ithin 1 year bef		Do you s have it?
ve you stored p No Yes. Fill in the o	property in a storage unit or details.	place other than your home w Who else has or had access t	ithin 1 year bef		Do yo have
No Yes. Fill in the of Name of Storage Number Stree	property in a storage unit or details. Facility State ZIP Code	Who else has or had access to Name Number Street City Sta	ithin 1 year bef		Do you have it?
No Yes. Fill in the of Name of Storage Number Stree City Identify F	oroperty in a storage unit or details. Facility State ZIP Code	Place other than your home we were the weak or had access to the same	ithin 1 year bef	Describe the contents	Do you s have it?
No Yes. Fill in the of Name of Storage Number Stree City Identify F	oroperty in a storage unit or details. Facility State ZIP Code Property You Hold or Control any property that some	Who else has or had access to Name Number Street City Sta	ithin 1 year bef	Describe the contents	Do you s have it?
No Yes. Fill in the of Storage Number Stree City Identify F you hold or cor	oroperty in a storage unit or details. Facility State ZIP Code Property You Hold or Control any property that some	Place other than your home we were the weak or had access to the same	ithin 1 year bef	Describe the contents	Do you s have it?
No Yes. Fill in the of Name of Storage Number Stree City Identify F you hold or compold in trust for	State ZIP Code Property You Hold or Control any property that some someone.	Place other than your home we were the weak or had access to the same	ithin 1 year bef	Describe the contents	Do you s have it?

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Debtor 1 Michael

First Name

Middle Name

Last Name

								\$
	Owner's Name							
	Number Street			Number Street				
				. Caroot				
	City	State ZIP Co	de	City	State ZIP Code	e		
Davit 1	Char Dataile Ale			In farmer attack				
Part 1	0: Give Details Ab	out Environn	nentai	Information				
For the	purpose of Part 10, th	e following def	initions	s apply:				
■ Env	<i>ironmental law</i> means a	ny federal, stat	e, or lo	cal statute or regulation	n concerning po	ollution,	contamination, releases of	of
haz	ardous or toxic substa	nces, wastes, o	or mate		oil, surface wate	er, groui	ndwater, or other medium,	
				-			you now own, operate, or	
	ze it or used to own, o				omnomariaw,	Wilculo	you now own, operate, or	
				ental law defines as a h		e, hazar	dous substance, toxic	
Sub	stance, nazardous ma	teriai, poliutant	, contai	minant, or similar term.				
Report	all notices, releases, a	and proceeding	s that y	ou know about, regard	lless of when th	ey occu	rred.	
24. Has	s any governmental un	it notified vou t	hat vou	ı mav be liable or poten	ntially liable und	ler or in	violation of an environme	ntal law?
	No	•	•		•			
	Yes. Fill in the details.							
				Governmental unit		Environ	mental law, if you know it	Date of notice
	Name of site			Governmental unit				
	N. J. O. J.			N. 1				
	Number Street			Number Street				
	City	State ZIP Co	de	City State	ZIP Code			
25. Hav	ve you notified any gov	ernmental unit	of any	release of hazardous n	naterial?			
	No							
	Yes. Fill in the details.							
				Governmental unit		Environ	mental law, if you know it	Date of notice
	Name of site			Covernmental				
	Name of site			Governmental unit				
	Number Street			Number Street				
	City	State ZIP Co	de	City State	ZIP Code			

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Debtor 1 Michael

First Name

Middle Name

Last Name

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. Court or agency Nature of the case Status of the case Pending Case title Court Name On appeal Concluded Case number Number Street City State ZIP Code Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. **Business Name** Number Street Name of accountant or bookkeeper Dates business existed То City ZIP Code State 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Yes. Fill in the details below. Date issued MM / DD / YYYY Name Number Street

Case 25-40054

Justin

Middle Name

Debtor 1

Michael

First Name

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Last Name

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Debtor 1	Case 25	-40054 [Justin			Entered 03/10/2 Page 55 of 59		
	First Name	Middle Name	Last Name				
	City	State ZII	Code				
Part 1	2: Sign Below						
					any attachments, and I de		
					tement, concealing prope 0,000, or imprisonment fo		oney or property by fraud r both.
	U.S.C. §§ 152, 134				-,, -	. , , .	
X	,			V			
^	Signature of Debto	r 1		X	ature of Debtor 2		
	0.9			5.5			
	Date 03/06/2025			Date			
	00,00,2020			24.0			
Die	d vou attach addit	onal pages to \	our Statement of F	inancial Affa	airs for Individuals Filing f	or Bankruntey (Off	icial Form 107)?
		page a			g		······································
	No						
	Yes						
D:	d vou nov or oaro	to nov compor	o who is not an att	ornov to hal	p you fill out bankruptcy f	ormo?	
Dit		to pay someon	ie who is not an att	orney to nei	p you fill out bankruptcy i	orns :	
	No						
	Yes. Name of Pe	rson				h the Bankruptcy Petit	
					Decia	aration, and Signature	(Опісіаі Form 119).

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			D O O GITTIOTIC	. ago oo o. t
Fill in this infe	ormation to id	entify your case:		
Debtor 1	Michael	Justin	Scott	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)				
	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court	for the: Western Distr	rict of North Carolina	
Case number (If known)			_	

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

P	art 1:	List Your Creditors Who Have Secured Clai	ims	
1.	•	r creditors that you listed in Part 1 of <i>Schedule D: C</i> ation below.	reditors Who Have Claims Secured by Property (Officia	l Form 106D), fill in the
	Identify	y the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
	Creditor name:	's Capital One Auto Finance	Surrender the property. Retain the property and redeem it.	No Yes
	Descript property	tion of 2021 BMW M235i	Retain the property and enter into a Reaffirmation Agreement.	
	securing	g debt:	Retain the property and [explain]:	

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name:	No
Description of leased property:	Yes

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Debtor 1 Michael Justin Scott Document Page 57 of 59 Case number (if known)

First Name Middle Name Last Name

Part 3:

Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X	X
Signature of Debtor 1	Signature of Debtor 2
Date 03/06/2025	Date
MM / DD / YYYY	MM / DD / YYYY

			D O O O O I I I O I I I	. ago oo o
Fill in this inf	ormation to id	entify your case:		
Debtor 1	Michael	Justin	Scott	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)				
-	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court	for the: Western Distr	rict of North Carolina	
Case number (If known)			_	

Mailing List

List contains the name and address of each entity included on Schedules D, E/F, G, H and Creditor Information.

Capital One Auto Finance		
Internal Revenue Service		
Capital One		
PO BOX 31293		
SALT LAKE CITY	UT	84131
	UI	04131
CREDIT COLLECTION SERVICES		
PO BOX 607		
NORWOOD	MA	02062
DEPTEDNELNET		
DEPTEDNELNET		
PO BOX 82561		
1 6 20% 62561		
LINCOLN	NE	68501
FIRSTPOINT COLL RESO		
225 COMMERCE PLACE		
GREENSBORO	NC	27401
GENESIS CREDIT MANAGEMENT LLC		
PO BOX 3630		
EVEDETT.	14/*	22242
EVERETT	WA	98213

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Debtor 1 Michael

First Name

Middle Name

Last Name

I C SYSTEM		
PO BOX 64378		
SAINT PAUL	MN	55164
I C SYSTEM		
PO BOX 64378		
SAINT PAUL	MN	55164
LVNV FUNDING LLC		
GREENVILLE	sc	29602
		29002
LVNV FUNDING LLC		
GREENVILLE	SC	29602
Merrick Bank		
PO BOX 9201		
OLD BETHPAGE	NY	11804
NATIONAL CREDIT SYSTEMS		
3750 NATURALLY FRESH BLVD		
Atlanta	GA	30349
TRANSWORLD SYSTEMS INC		
500 VIRGINIA DR SUITE 514		
FT. WASHINGTON	PA	19034
US BANK		
SAINT LOUIS	МО	63166
Verizon Wireless		

ALEJANDRA DE LA GARZA DE LOS SANTOS

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